

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

BOARD OF LANDSCAPE ARCHITECTURE

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: DPR.DELAWARE.GOV EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR LANDSCAPE ARCHITECTURE CERTIFICATE OF AUTHORIZATION

	INSTRUCTIONS						
A landscape architecture corporation/partnership must apply for a Delaware Certificate of Authorization when the provides, or offers to provide, landscape architecture services in Delaware. To apply,							
	☐ Submit completed, signed and notarized <u>Application for Landscape Architecture Certificate of Authorization</u> form.						
	☐ Enclose the non-refundable <u>processing fee</u> by check or money order made payable to "State of Delaware."						
	☐ Arrange for each designated professional-in-charge to sign and seal an Acknowledgment of Professional in Charge.						
ΤY	PE OF APPLICATION						
1.	Check one:						
	☐ This is an <i>initial</i> application for a landscape architecture business.						
	 This is a new application for an existing, licensed landscape architecture business due to change of ownership. If approved, a new license number will be issued. Name of business as it appears on the <u>current</u> license: Professional license number from <u>current</u> license: SA 						
	 This is a re-application for a certificate of authorization that lapsed and is no longer renewable. If approved, a new license number will be issued. Name of business as it appeared on the <u>lapsed</u> license: Professional license number from <u>lapsed</u> license: SA 						
CC	NTACT AND LOCATION INFORMATION						
2.	Business Name:						
3.	Address of <i>Physical Location</i> of Main Office:						
	Street (no PO Box)						
	City State Zip						
4.	Phone: Fax: Email:						
5.	Mailing Address of Main Office (if different):						
	City State Zip						

	Street	Cit	у	<u>DE</u>		
	Street		City	<u>DE</u> Zip		
	Street		у	<u>DE</u> Zip		
	Federal EIN:					
	NERSHIP INFORMATION					
	The owner of this business is a	a (check one): Corpo	ration	ip		
	Enter state where incorporated	l or registered:				
	·	•		incinals, and partners		
ı	Enter the following information about all corporate officers, board members, principals, and partners.					
	NAME	POSITION		ADDRESS		
	You may attach a list instead	of completing the tabl	e. The list must inclu	de the same information.		
	•	,				
,	CLOSURES					
	Do all personnel of this busine: Landscape Architect license?			vare hold a current Delaware		
	·		taon an explanation.			
	FESSIONAL IN CHARGE INI	FORMATION				
	List name(s) of any person who is in responsible charge of the practice of landscape architecture in Delaware on					
	behalf of this partnership or corporation:					

Arrange for each person listed above to sign and seal an Acknowledgment of Professional in Charge on the next page.

If more space is needed, you may copy this page.

ACKNOWLEDGMENT OF PROFESSIONAL IN CHARGE					
,, acknowledge that I have been designated as a person in responsible charge of and/or for direct supervision of landscape architecture services offered or provided in Delaware by the corporation or partnership named above. I understand that the Board must be notified within 30 days if I am no onger associated with or acting in this capacity for this corporation or partnership.					
Signature:	_ AFFIX SEAL				
Delaware Landscape Architect License No: SA					
ACKNOWLEDGMENT OF PROFESSION					
I,, acknowledge that I have be charge of and/or for direct supervision of landscape architecture servic corporation or partnership named above. I understand that the Board longer associated with or acting in this capacity for this corporation or	ces offered or provided in Delaware by the must be notified within 30 days if I am no				
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Delaware Landscape Architect License No: SA	-				
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Signature:	AFFIX SEAL				
Delaware Landscape Architect License No: SA					

To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is <u>complete</u>, please allow 12-16 weeks to receive your license.

AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he/she is authorized to apply for a Certificate of Authorization pursuant to 24 *Del.C.* §212 on behalf of the corporation or partnership indicated below, that he/she has read and reviewed the information provided in this *Application for Landscape Architecture for Certificate of Authorization* and that the information and statements contained therein are true and correct, and that he or she understands that the provision of false information or employing or knowingly cooperating in fraud or material deception in order to be licensed is grounds for DENIAL OF LICENSURE OR DISCIPLINARY ACTION.

The undersigned further affirms that any change in ownership of the corporation or partnership requires prompt submission of a new application and that any change in the designated professional(s) in charge must be reported to the Board within 30 days of the change.

Name of Corp/LLC/Partnership:				
By Pri	nted Name:	Title:		
Signa	ature:	Date:		
	State of County of			
	SUBSCRIBED and SWORN to before me this	day of	, 2	
SEAL	Signature of Notary Public:			
	My Commission expires:			

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED PROCESSING FEE WILL BE REJECTED.